

SIGNED ACKNOWLEDGMENT FOR CONTRACT REVIEW

I acknowledge that I have been provided the opportunity to review the West Virginia University School of Medicine:

- contract for resident physicians,
- the West Virginia University Hospital's resident agreement,
- policies on visa status and eligibility for residency appointment,
- the Graduate Medical Education ByLaws, and
- the licensure requirement of West Virginia University School of Medicine.

Name and Signature of interviewee

Date

To review the GME/WVU Bylaws in its entirety, please visit our website:

<http://medicine.hsc.wvu.edu/gme>

Select "GME Policies" then
"GME/WVU Bylaws"

To review the other information noted above, visit our website:

<http://medicine.hsc.wvu.edu/gme>

Select "Application Information" then
"Hiring Information"